

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3798-62-016709

STATE FILE NUMBER

318

1003

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED MAY 1 1962

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN East St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If outside, give location) 324 Winstanley	
3. NAME OF DECEASED (Type or print) First Sam Middle Dale Last Dale		4. DATE OF DEATH Month April Day 8 Year 1962	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-26-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.	11. BIRTHPLACE (City and state or country) Scooba, Mississippi
13a. FATHER'S NAME Same Dale		13b. MOTHER'S MAIDEN NAME Isabella Haire	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Nancy Dale	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis DUE TO (b) Myocardial Infarction DUE TO (c) Nephritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 59 3/4	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour 5:10 a.m. 5:10 p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 59 3/4	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2/15/62	
21. I attended the deceased from 2/15/62 to 4/8/62 and last saw him alive on 4/8/62		22. CITY, TOWN, OR LOCATION Centerville, Illinois	
22a. SIGNATURE Edgar F. Warden		22b. ADDRESS 4516 Broadway	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-15-62	
23c. NAME OF CEMETERY OR CREMATORY Booker Washington		23d. LOCATION (City, town, or county) Centerville, Illinois	
24. FUNERAL DIRECTOR Joseph Samuel Harris		25. DATE RECD. BY LOCAL REG. APR 10 1962	
26. REGISTRAR'S SIGNATURE Paul Smith		27. ADDRESS M.D.	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Mythrae Nash

Licensed Embalmer No.

4434

P. O. Address

111 77 13th 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.